

FILED JUN 19 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 209880
157
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2501

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Queen of the World		d. STREET ADDRESS 1017 Woodland	
Length of stay in 1b 50 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle Chapman Last Campbell		4. DATE OF DEATH Month May Day 25, Year 1957	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) waiter Continental Hotel		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
13. FATHER'S NAME Pete Campbell		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-10-1440	
17. INFORMANT Charles T. Ricketts		Address 1017 Campbell	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute and chronic encephalomalacia with old hemorrhage of the ventricles DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) tumor of the pancreas, probably benign cardiac hypertrophy pulmonary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 33/X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 3-30 1957 to 5-25-57 and last saw her alive on 5-25-57. Death occurred at 11:25P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Royall B. Fleming M. D.	
22b. ADDRESS 1433 E. 19th.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial 5-31-57		23b. NAME OF CEMETERY OR CREMATORY Lincoln	
23c. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR Watkins Bros.		25. DATE RECD. BY LOCAL REG. 5-29-57	
ADDRESS 18th. & Benton		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

USE ONLY BLACK INK OR RIBBON TYPEWRITER
 Royall B. Fleming

MEDICAL CERTIFICATION		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute and chronic encephalomalacia with old hemorrhage of the ventricles.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <i>new record 6-7</i>		INTERVAL BETWEEN ONSET AND DEATH
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Tumor on the pancreas, probably benign</u> <u>Cardiac hypertrophy. Pulmonary thrombosis. cardiac heart.</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>3-30-57</u> to <u>5-25-57</u> and last saw <u>her</u> alive on <u>5-25-57</u> Death occurred at <u>11:25 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Royall B. Fleming MD</u>		22b. ADDRESS <u>1437 E-19th W</u>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-31-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	23d. LOCATION (City, town, or county) (State) <u>Kans. City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Watkins Bros. Fr. Hm.</u>		ADDRESS <u>18th & Benton</u>	25. DATE RECD. BY LOCAL REG. <u>5-29-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Bruce B. Watkins

Licensed Embalmer No. 45

P. O. Address *rd. 16*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

20980 (157)